

Kennebunkport Fire Department

SOG 23

FIREFIGHTER REHAB PROGRAM

SEPT 1999

BEFORE THE AMBULANCE LEAVES THE STATION:

The driver or other available personal will place the **REHAB BOX, WATER COOLER**, and **2 FULL WATER BOTTLES** (commercially sealed bottles) in the back of the ambulance.

WHEN THE AMBULANCE ARRIVES ON SCENE:

Locate the ambulance far enough away from the scene so not to interfere with scene operations, but close enough for FF's to reach the Rehab Area.

The highest licensed EMS person on scene will assume role of Rehab Officer.

Contact the Fire Command to see if the officer has a specific location in mind for the Rehab Area.

Setup the Rehab Area so FF's cannot have direct visual contact with the scene (such as the far side of the ambulance). Keep weather conditions in mind (a shaded, breezy area if hot; sheltered area with heat if cold). The area should be clear of exhaust fumes from other vehicles and upwind of any smoke and/or fumes generated by the scene. Adequate space is needed for FF's to remove Turn Out Gear, a tarp to set out air bottles, a water area, and an area for physical rest and assessment.

Assign EMS personnel as they arrive on scene to the tasks needed to set up and maintain the Rehab Area.

A tarp should be immediately laid out, and air bottles obtained from the fire apparatus on scene. Ask apparatus operators if you are unfamiliar where equipment is kept. Air bottles should be placed in two separate areas, full bottles pointed towards the scene, and empty bottles pointed away from the scene.

A water cooler or water container should be out and accessible to give to the FF's when entering the Rehab Area.

Set up a tarp to provide shade, shelter, or a fan for a breeze if needed. Tarps and fans are kept on most fire apparatus.

Set up a medical Rehab Area, with clipboards, pens, thermometers, and charting rooster. Have towels and spray bottles ready to cool down FF's.

Make sure back of Ambulance is ready to receive any patient needing more extensive Rehab. Have oxygen supplies, A/C or heat ready to go.

Advise Fire Command when Rehab Area has been setup and is ready to receive FF's.

The ambulance shall remain on scene until released by command. If a patient needs transport, a mutual aid ambulance will be called to continue Rehab. If available, an EMS crew will remain on scene to assist in rehab with the next ambulance.

If another ambulance call occurs in town while the ambulance is committed on scene, a mutual aid ambulance will be sent to the second call.

FIREFIGHTER REHAB GUIDELINES:

FF's will report to the Rehab Area to have their bottles changed.

All EMS/Fire personnel will wear protective gloves at all times, to protect from possible contaminants on the FF's Turn Out Gear.

When a FF come to the Rehab Area to change bottle #1 (or 20 minutes of work time), Give them a cup of water to drink, and have the FF remove their Helmet and open Turn Out Coat so they can be cooled with water from a towel or spray bottle. Another person shall change the air bottle. Engage the FF in brief conversation, ensure no physical complaints or concerns and return the FF to the scene with a fresh bottle.

When a FF come into Rehab to change bottle #2 (or 45 minutes of work time) or comes to rehab with physical complaints or concerns, a formal Rehab assessment will be done.

One person shall assist the FF in removal of air pack and turn out gear. Air bottle is changed and set aside with Turn Out Gear. An EMS member will log the FF on the Rehab Rooster, filling in spaces as indicated. Take pulse for 30 seconds, Respiratory Rate, and Tympanic Temperature. Push fluids to replenish system (minimum of 8 oz.) and to cool down the body with towels and/or spray bottle.

After ten minutes, if pulse is below 110 and temp. is below 100.6F, the FF can return to duty if no complaints or concerns persist. Document time out of Rehab and assist FF in getting geared up again. A copy of the Rehab report will be filed with the Fire Administrator for inclusion in the fire report for the incident.

If vital signs remain high or there are other concerns, FF should remain in Rehab. FF can be moved to an air conditioned/heated vehicle on scene, where a more extensive physical exam will be done. Administer oxygen and transport as needed. Rehab will provide the Incident Commander with the initial data on who was transported.

* If incident other than structure fire, hydration break mandatory after 20 minutes of work and mandatory rehab after 45 minutes total work. Where the situation will allow.

PHYSICAL SIGNS/SYMPTOMS TO WATCH FOR:

S/S of **HEAT STRESS** can include warm, red or flushed skin, "panting" respiration and a rapid pulse. FF may c/o fatigue, weakness, mild headache or nausea. They may not be thirsty.

HEAT CRAMPS can occur in legs, abdomen, arms and shoulders.

HEAT EXHAUSTION is a later stage of **HEAT STRESS**. FF may c/o thirst, cramps, severe headache, dizziness, nausea and vomiting. Temperature may not be elevated.

HEAT STROKE is the final stage. Skin may be either hot and dry or hot and diaphoretic. FF may

be unconscious or delirious. Heart Rate may exceed 180; Respiration Rate may exceed 60, Temperature maybe 106F or higher.

*S/S of **CARBON MONOXIDE POISONING** can include headache, generalized weakness, nausea and confusion.*

FROSTBITE ***Mild** - the skin maybe soft and pink with full sensation; **Moderate** the skin maybe soft and pale with poor sensation; **Severe** the skin will be firm and white with no sensation. All levels may present with different levels of pain.*

HYPOTHERMIA is when the body temperature drops below 97F.

MILD HYPOTHERMIA and **MODERATE HYPOTHERMIA** will present with a core temperature >90F. FF may present with shivering, lethargy, dulled mentally, and stiff and uncoordinated muscles.

SEVERE HYPOTHERMIA will present with a core temperature <90F. FF maybe disoriented and confused, and as temperature drops, they will proceed into a stupor and complete coma. Shivering may or may not be present. Muscles may become rigid and stiff.

In all of the above considerations, and any other medical problems that comes up, **know and follow Maine EMS Prehospital Treatment Protocols.**

NUTRITION & HYDRATION:

The only fluid that should be provided is water. If “Gatorade” or other sports drinks are donated to the rehab area, it should be diluted 50% with water before it is given to the FF. The only foods that should be given are fruits (apples, oranges, bananas, etc.) or easily digested items (applesauce, soups or broth, etc.) Coffee and soda are to be avoided. Hot Chocolate is an acceptable warm beverage alternative.